

Certificate of Mailing

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Joyce Abriam
Signature

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RECEIVED

JUL 25 2002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
TECH CENTER 1600/2900

In re Application of: Hillman et al.

Title: NEW PHOSPHATIDYLINOSITOL 4,5-BISPHOSPHATE 5-PHOSPHATASE

Serial No.: 09/892,287 Filing Date: June 26, 2001

Examiner: Roark, J Group Art Unit: 1644

Box Non-Fee Amendment
Commissioner for Patents
Washington, D.C. 20231

RESPONSE TO RESTRICTION REQUIREMENT UNDER 35 U.S.C. 121

Sir:

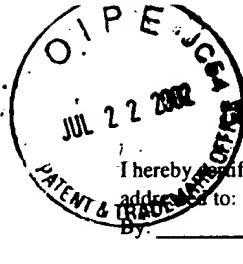
This paper is responsive to the Restriction Requirement and Request for Election dated June 13, 2002, setting a one (1) month term for response. Prior to examination of the application, please amend the specification and claims of the above-identified application as listed below.

IN THE SPECIFICATION

Please replace the first paragraph on page 1 with the following rewritten paragraph:

SINS
DI

This application is a divisional application of U.S. application serial number 09/258,643 filed on February 26, 1999, now U.S. Patent No. 6,277,373, entitled PHOSPHATIDYLINOSITOL 4,5-BISPHOSPHATE 5-PHOSPHATASE, which is a divisional application of U.S. application serial number 08/884,681 filed on June 27, 1997, now U.S. Patent No. 5,955,338, entitled PHOSPHATIDYLINOSITOL 4,5-BISPHOSPHATE 5-PHOSPHATASE, the contents all of which are hereby incorporated by reference.

1644
Docket No.: PF-0334-2 DIVCertificate of Mailing

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COPY OF PAPERS
ORIGINALLY FILEDFEE TRANSMITTAL SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard;
2. Response to Restriction Requirement (9 pp.); and
3. Figures 2A, 2B, 2C, and 2D.

The fee has been calculated as shown below.

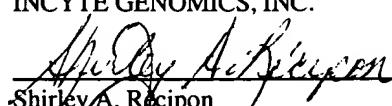
Claims	Claims After Amendment		Claim Previously Paid For		Present Extra	Other Than Small Entity Rate	Fee	Additional Fee(s)
Total	17	-	20	=		x \$18.00	0	\$ 0
Indep.	1	-	3	=		x \$84.00	0	\$ 0
First Presentation of Multiple Dependent Claims						+ \$280.00		\$ 0
						Total Fee:	\$	0

 No additional Fee is required. Please charge Deposit Account No. 09-0108 in the amount of: \$ 0

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

INCYTE GENOMICS, INC.


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